PLACE OF DEATH be stated EXACTLY, PHYSI-be properly-classified. Exact k of certificate. Village or City 2FULL NAME PERSONAL AND STATISTICAL 3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, BINDING WIDOWED. OR DIVORCED (Write the word) ee Instructions on back should It may 6 DATE OF BIRTH that ACE FOR A (Month) (Day) (Year) 7 AGE If LESS than 80 I day hrs peliddus TH UNFADING INK--THIS terms MARGIN RESERVED B OCCUPATION
(a) Trade, profession or particular kind of work of Information should be carefully ald state CAUSE OF DEATH In plain GOCUPATION is yery important. (b) General nature of industry is very important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CIANS should state statement of OCCUP 13 BIRTHPLACE OF MOTHER (State or Country) Every Item of CIANS should WRITE (Informant) (Address 15 Filed Registre If more blanks are needed, address State Registrar, I

STATE OF MARYLAND CERTIFICATE OF DEATH

Reg	istration D	ist. No. 2	82
St.:	Ward)	a hospital	occurred in or institu- ts NAME is - street end

	Registration Dist. No. 44
-	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street end number.)
	MEDICAL CERTIFICATE OF DEATH
-	(Month) (Day) (Year)
	17 I HEREBY CHRITIFY, That I attended the deceased from 18 192 f., to fine 192 f., that I lost see half alive on free Life J. 192 f., and that deeth occurred on the date stated above, at fine m.
	The CAUSE OF DEATH * was as follows:
	Cerefraf afder
	Contributory Distribution des.
	(Signoid) J. Address) Perner (Moure)
2	*State the Usease Causing Death, or, in deaths from Vielent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of desthyrsmosds. In the Stateyrsmosde,
	Where was disease contracted, if not at place of dea.h?
ĺ	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS ADDRESS
1	Dong le mathingly pomosillower
	ICW Senters St. Brite Demostic V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without nive France Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. T KECORD ITH UNFADING INK--THIS IS A PERMAN WRITE PL

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County It Macys	CERTIFICATE OF DEATH
	Registration Dist, No. 282
Village of Contract (Contract)	76.1.41
Village or City Stutte (186.)	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Marie Meton	reed Origgs stead of street and number.)
PERSONAL AND STATISTICAL DARTICH ARE	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE	MEDICAL CERTIFICATE OF DEATH
MARRIEDIAUUS OR DIVORCED (Write the word)	(Moyth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nec. 8. 1895	1924 to file 14, 1925
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than I day,	and that death occurred on the date stated above, at
35 yrs. 7 mos. 6 ds. or min.?	A partial was as follows:
B OCCUPATION (a) Trade, profession or	My vcardetral Chi)
particular kind of work	Cerute Delalation of I Heart
b) General nature of industry business, or establishment in	2 (0)
which employed or (employer)	Contributory (Classes alleged)
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 7 14'	(Signed) Much a, Chualus M. D.
IL RIPTHPLACE. VI STEETING	7/15 1923 (Address) Louastone
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Med,	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
6 Clares	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / lovaes topion	Mrh Claved 7/16, 1031
15 Filed pre 15 1925 Carrales Registrar	20 UNDERTAKER MODRESS
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (glanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PERA	shou
K	CE
IS	4
WRITE PL KLY ITH UNFADING INK-THIS IS A PERA	N. BEvery Item of information should be carefully supplied. ACE should class of the CAIISE OF DEATH in the control of the case CAIISE OF DEATH in the case of t
n F	DOC H
ITF	IISE
KLY (Informatic
PL	- Por
SITE	tem
WF	BEvery
1	Ž

PLACE OF DEATH	08455 STATE OF MARYLAND
County Sp/Many	CERTIFICATE OF DEATH
$\alpha \neq l$	Registration Dist. No. 1 280
Village or City Not Land (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Thomas	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, MASSILA WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Suly John (Month) (Day) (Year)
6 DATE OF BIRTH	17/ I HEREBY CERTIFY, That I attended the deceased from
unknown 1880	fan 10 1981. 199 July 25- , 198/
(Month) (Day) (Year)	that I last saw himalive on thing 2 198/
7 AGE [If LESS tha	n and that death occurred on the date stated above, at 250 Km.
5-1 anknown I day hr	s. The CAUSE OF DEATH was as follows:
yrs. mos. ds. or min.	
(a) Trade, profession or	12mgha Dharake.
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Jyrs mos ds.
	Contributory (Inasasca
9 BIRTHPLACE (State or country) Viginia	Secondary
10 NAME OF	(Duration) mos ds.
FATHER Anknown	(Signed) M. D.
UN 11 BIRTHPLACE OF FATHER	They al 190 (Address) Line Double Death
C (State or country) Wiknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER AMENOUM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Unknown	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and the Smith	Former or usual residence
(Informant) Lynan Smul	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) JA OLGS ALIO	Mithodias Charce of Scotland July 27, 1931
15 m . 4 1 25 m21 8 8 18 101	20 UNDERTAKER ADDRESS
Filed July 3 1980 Z. Z., Circh Registrar	E & Robinson Damuer &
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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RECEIVED

N. W.

PLACE OF DEATH	18456 STATE OF MARYLAND
County Si Cu any	CERTIFICATE OF DEATH
-0	(82-a)
06.00	Registration Dist. No.2
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME William Lufa	Clack tion, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED M. WIDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH > 2 2, 193
Charles (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
12 2, 1181	195 f. to, 195 f.
(Month) (Day) (Year)	thet I last saw halive on
7 AGE	and that death occurred on the date stated above, at 1130cm,
70 yrs. 7 mos. 2 0 ds. or min.?	The CAUSE OF DEATH was as follows:
8 OCCUPATION	
(a) Trade, profession or Hause	
(b) General nature of industry	
business, or establishment in	(Duretion) yre mos/ hum
which employed or (employer)	Contributory asker Solier.
9 BIRTHPLACE (State or country)	Secondary (Duration) (O yrs
10 NAME OF	(Signed) N. V. Colesson M. D.
FATHER James Class	
0) 11 BIRTHEY ACE	192 (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Carlin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tronsients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds, Stoteyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at place of decth?
	Former or
(Informant) Bure Call	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / 704 Removed are	All Sam Server 7-24, 1931
15 Filed 7- 23 1931 N. V. Palen	20 UNDERTAKER ADDRESS
Registrar	all were majurated
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nuture of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Always qualify all

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County of morry	Registration Dist. No. 250
Village or City Rucky	No. St., Ward
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) One of the street and number of
2. FULL NAME norman Mulcon	re Clorke
(a) Residence: No. Religi	Mard. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) Males 4. COLOR OR RACE OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Buxels	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	1 last saw here alive on 16 , 1931; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, et 11 R, _m.
41 6 0 2 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc SLOWERS OF SAWYER, BOOKKEEPER, etc SLOWERS OF STAN WAS done es SILK MILL	Circusoma Jomoch
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME PART CENCE	
13. NAME PAR CENCE 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Les Auth Deter 16. BIRTHPLACE (city or town) Seriescul	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MI Agus (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place S. Mary Cas, Oate July 1931	Manner of Injury
19. UNDERTAKER & Polyteur die (Address)	24. Was disease or injury In eny wey releted to occupation of deceased? *** If so, specify
20. FILED 7/16., 131 Dr. J. C. King. Repstrar.	(Signed) Alexy M.D. (Address) Redyk My
If more blanks are needed address State Registrary	24. N. Charles Street Relimore Requesting 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Deto of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PL
	WRITE
erf .	
No.	1
roi .	-
>	- 1

PLACE OF DEATH	08458 STATE OF MARYLAND
County of though	CERTIFICATE OF DEATH
	(46)
1	Registration Dist. No.
Village or City (No(No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Lusar Elizabeth C	
2FULL NAME Suson Chyobella Co	Pff (COPPARE) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Hemsle White OR DIVORCED	July 17, 1923.1
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Vec 12, 186/	# 1981 to July 6 ,1981.
(Month) (Day) (Year)	that I last saw ham alive on 1984,
7 AGE If LESS than	and that death occurred on the date stated above, at
69 yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(A) Trade, profession or particular kind of work Henre	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yes, 12 mos ds.
9 BIRTHPLACE	Contributory Chaushin at total min
(State or country) It, Grange bount but	Secondary
10 NAME OF A	(Durstion) yrs Z mos 10 ds,
FATHER James 1. Viuha	(Signed) M. D.
S OF FATHER INM. IN TO TAL	July 10, 1921 (Address) alle 100 mg
OF FATHER (State or country) It Many Change Med	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER WALLS	Accidental, Suicidal or Homicidal.
0.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER St Margin lot, Mal	At place of deathyrsmosds. In the Stateyrsmosds.
(State or country)	Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) 1, B. Collins	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL
(Address) Drayde, Ml-	Toklor Hell Church July 19, 1931
15 1 1 6 18 131 21 - 1 in Hold	20 UNDERTAKER TO ADDRESS 7
Filed fully 8 191 Hattism Autumn Registrar	M. le Malling Jeonardton
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthen at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi cough; Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic valvular heart disease chopneumonia (secondary) etc. The contributory "Haemorrhage,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMAN WRITE PL

	PLACE OF DEATH County St. Mary's	OS459 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28/
TTOBAGE	Village or City It. George Boland 2FULL NAME Prince Elane Ja	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
מפני	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3/ 1921 (Month) (Day) (Year)
d no suoi	6 DATE OF BIRTH Med. 5- (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 24 1925 J. to July 24 , 1935 J. that I last saw her alive on July 24 , 1923 J.
Instruct	7 AGE If LESS than day hrs. or min.)	and that death occurred on the date stated above, at 2-10 A.m. The CAUSE OF DEATH * was as follows: Sianka and luteristics.
portant, sec	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos. / 4 ds. Contributory Secondary
I IS Very I'm	(State or country) It many by Med 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 Many by Many	(Duration) yrs mas ds, 48 igned) / 100 C L L M. D. July 3/, 193/ (Address) Valley Lee', M.L
occura ilo	(State or country) It wants to made of Mother frageline Wichens 13 BIRTHPLACE OF MOTHER (State or country) It. Georgi Island Mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
id to line of	(Informant) Robert Strue To THE BEST OF MY KNOWLEDGE (Address) & George Selection and	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL LL George Roland Date OF BURIAL LL George Roland Date 3/2, 1936.
۵	Filed Ly 3/ 18/ Har from Holly Registrar If more blanks are needed, address State Registrar	Coundertaken Thomas Palle Lee Int., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Howsemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day or At Home, and children, For many occupations a single word or term on For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomstated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor intercurrent) affection need not be Committee on Nomenclature chopneumonia (secondary), Always qualify all

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V. 8. No. 1

PLACE OF DEATH	08460 STATE OF MARYLAND
County Marys	CERTIFICATE OF DEATH
	Registration Dist. No. 28
Village or City Grily Gon (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is -
2 FULL NAME & Emily &	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenal Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 184, 198 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
-unknown	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
G / I day hrs.	The CAUSE OF DEATH * was as follows:
7 / yrsds. ormin.?	000000000000000000000000000000000000000
(a) Trade, profession or	strang out age
particular kind of work (b) General nature of industry	Branchonfineumany, complicated with sardiae
business, or establishment in	failure/ cw36? (Duration) yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) f. Mary's Com	Secondary (Durstion)yrs
10 NAME OF Holono	(Signed) Calus on Arblus M.D.
0 11 BIRTHPLACE	
OF FATHER (State or country) (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sofiel Griscol	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryo G. My	At place In the of death yrs mos ds. State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
al line	Former or usual residence
(Address) 125-23 St. M. W. Wash	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2 2 91 3	20 UNDERTAKER ABDRESS
Filed July 2 2/1931 Hat I south the Registrar	Richa Shonoo Walley Lee
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fineman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by ".PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," UIG Age,
"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range, Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile" "Exhaustion," "Heart failure," American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L stated unless important (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-.. (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronic valvular heart Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage," chopneumonia (secondary), etc. The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08451 STATE OF MARYLAND
County Still are S	CERTIFICATE OF DEATH
	Registration Dist. No. 2 5 (
Village or City Value (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAMESUS an Reli	eeealf andle stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 198 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 2, 1871	4-26-193/.to 2-26-,198/
(Month) (Day) (Year)	that I last saw harmalive on
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at 1 304m. The CAUSE OF DEATH * was as follows:
7 yrs. mos. ds. or min.?	Cuch al apply
(a) Trade, profession or	
perticular kind of work	
Dusiness, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE	Contributory aclies Schools
(State or country)	Culalayse (Viction) yrs 3 mos de
FATHER John Murhan	(Signed) 1911 V Celum M. D.
o 11 BIRTHPLACE)-27-1921 (Address) areun
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER deadure hade	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of desthyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) lohun E, Harden	Former or usual residence
(Address) Palmers Mo	Sapelleart Ca 7-28, 193
15 Filed 7-27 198/11 V valuer	20 UNDERTAKER ADDRESS
Registrar	16 W Saratoga St., Balto, Requesting V. S. 60. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At sehool, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. etc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely as fracture of skull, and consequences (e.g., sepsis arbolic acid—probably suicide. The n-ture of the injury tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL diseases resulting from childbirth or miscarriage atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL scplieaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial by cough; " "Marasmus," "Old Age," "Shock, Committee on nephritis, Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and a'l questions were din detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

PLACE OF DEATH County St Many Co-	08462 STATE OF MARYLAND CERTIFICATE OF DEATH
County of Mary Co-	n cH
4 30	Registration Dist. No.
Village or City Slac Mechanisme Rose	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Clara Clane	Half, tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Sungle OR DIVORCED (Write the word)	16 DATE OF DEATH July 3/ , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 4 1902	July 2 8 1921 . to July 31 , 1931,
(Month) (Day) (Year)	that I last saw h W alive on July 3. 8. , 198. ,
7 AGE UIFLESS than	and that death occurred on the date stated above, at 2,75 7 m. The CAUSE OF DEATH * was as follows:
29 yrs. 2 mos. 27 ds. or min.?	Pulmonan, Fuherulares
a OCCUPATION (a) Trade, profession or	
particular kind of work	9
(b) General nature of industry business, or establishment in	(Duration)yrs,mosds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duratina)
10 NAME OF FATHER WILLIAM THAT	(Signed) (Si
0 11 BIRTHPLACE	July 31 1921 (Alidress) Carptiles
OF FATHER (State or country) Waruland	V*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Linda Harrio	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manylan	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Welliam J. Half	Former or usual residence
(Address) Mechanismile Ma	of Dough Cemetary aug 1, 1931
15 Filed Aug 1981 Len Packen	20 UNDERTAKER ADDRESS Mechanish
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed report household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory affection valvular heart Nomenclature of the need not be Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

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PLACE OF DEATH	08463 STATE OF MARYLAND
County IN MANY	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City California (No.	St: Ward) (If death occurred la hospital or institution, give its NAME in stead of street an
2FULL NAME Snest John	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male black SINGLE, MARRIED, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 2, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Sept 72 189	HEREBY CERTIFY, That I aftended the deceased from
(Month) (Day) (Year)	that (Mast saw h malive on fully 192
7 AGE If LESS than	
40 yrs. Momos, de or min.	The CAUSE OF DEATH * was as follows:
mos. de. or min.?	Kulmonory hamoshage
(a) Trade, profession or	Cause a ly flutimon way hites
particular kind of work your man	Colochi
J(b) General nature of industry/ business, or establishment in	, , , , ,
which employed or (employer)	(Duration)yrsmosd
9 BIRTHPLACE (State or country) Calres Co Maryland	Contributory Secondary (Duration)
10 NAME OF Blagdellohnson	(Signed) M. D
OF FATHER	193 (Address) Let Ideliant last and John
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chigabete unthrom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) lunknown	of deathyrsds, Stateyrsds Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) agnes Johnson	Former or usual residence
(Address) A and Januaria Hd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 12 1931 Rystean Jud	Michard Thomas Kally &
Lea L Registrar	Michael Koma Kally &, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

08464

STATE OF MARYLAND

	(82-a) CERTIFICATE OF DEATH
	Registration Dist. No. 276
fuce (No.	St.: Ward) (If death occurred in a hospital or institu-
NAME May /Lago	de Lack stend of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED	16 DATE OF DEATH 7 2 , 198 /
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h leaslive on 20, 198
grs	
blishment in or (employer)	Contributory (Contributory Contributory Cont
lumos Hade	(Signed) WW alway M. D.
ountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Tillia Wheel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
true to the Best of MY Knowledge	At place of death
Jung 1ts de	Former or usual residence
) Suadded	Social Lead Company Date of Burial Date of Burial 19.31
-3 19\$ / NV balling Registrar	20 UN DERTAKER LAST ADDRESS
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. N. 1.

No. 1 00

BINDING

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enloborer, worked on may form part of the second statement. r." etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Form loborer, Loborer-Coul mine, etc. Womwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of islanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury taken. For VIOLENT DEATHS state MEANS OF INJUNY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus, Ou rage,
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid perilonacum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvulor heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08465 STATE OF MARYLAND
County J. Marya	CERTIFICATE OF DEATH
1.0	Registration Dist, No. 200
Village or City Maddey (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Cause // La	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colard Single, Married, Wildowed, Or Divorced (Write the word)	16 DATE OF DEATH (Month) (9. (Day) /93/(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 28, 1882	march 192 , 60 July , 191,
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h Am alive on MICL 5 1925
I dayhrs.	and that death occurred on the date stated above, at /. 7.2 m. The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
8 OCCUPATION (a) Trade, profession or Farming	Cerebral Hemarshows
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yes mos 3 de,
9 BIRTHPLACE (State or country) Warnlan &	Contributory Secondary (Duration) 3 yrs mos ds.
1D NAME OF Samuel Weale	(Signed) alay, a well M. D.
11 BIRTHPLACE OF FATHER (State or country) Many Cond	*State the Disease Causing Death, dr. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mary Cale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ruth Neale	Former or usual residence
(Address) Maddaf Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Joseph's Cometan July 8, 1931
15 Filed July 20 1923/ d/B Johnson Registrar	20 UNDERTAKER COURSES WES
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"('Exhaustion,') "('Heart lallure,
"('Inanition,') "('Marasmus,') "('Old Age,') "Shock,')
"('Uraemia,') "Weakness,'' etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD. Every item of infor-WRITE PLAINLY, WITH UNFADING LAND A stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PHYSICIANS should state N., B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

1	STATE OF	F MAR	YLAND-	CERTIFICAT	TE OF DEA	TH ASI	466
1.	1. PLACE OF DEATH		120)	00		
	County Amorys			Registration D	Dist. No. 2	70	
	Village or City Sevela	eech		No. death occurred in a hospital of	NAME:	St.,	Ward
	Length of residence in city or town where dee	th occurred_	The same of	ds. How long in			
2.	FULL NAME Mory	1.1. 1	Pider	ell			
	(a) Residence: No.	Se	releve	St. 134 Ward.			
	(a) Residence: No.	(Usual place	of ebode)	V.,	If nonresident g	rive city or lown ar	nd State
	PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	enale White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEA	ATH (MORA)	(Day)	, 193 / (Year)
5a. If	merried, widowed, or divorced HUSBAND of		/				
((or) WIFE of Made	ne	Y	22. I HER	EBY CERTIFY	. That I attende	ed deceased from
				Vina I am	, 193/ , to	7 7	, 19 7
7. AGI	TE OF BIRTH (month, dey, end yeer) E Years Months	Days	If LESS than		ete steted above, at . / /	5	; death is said
I. Au	> >	Days	1 dey,hrs.	The PRINCIPAL CAUSE C	OF DEATH end releted ceuses		
1	8. Trade profession or particular		ormin.	were as follows:	eur catan	0.0	Oate of onset
ON	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	rou	-	100	73 00000		
	9. Industry or business in which work wes done, as SILK MILL,					V.F	
8	SAW MILL, BANK, etc.						
8 1	O. Date deceased lest worked at this occupation (month and	sper	me (years) it in this				
	yeer)	0 0000	A A	Other Contributory Causes	of Importence:		
12. Bl	RTHPLACE (city or town)	7-00					
01.	(State or country)	me					
필ᆜ	3. NAME Not See	_	0				
FATHER	4. BIRTHPLACE (city or town)	you		Neme of operation		Dete of.	
	(State or country)	- Mar	7	Whet test confirmed diagn	nosis?	Wes there ar	n eutopsy?
MOTHER	5. MAIDEN NAME Marie	1107	7	The state of the s	ernel ceuses (VIOL ENCE) fill		
0	6. BIRTHPLACE (city or town)	ugus	W.		cide?D	ate of injury	, 19
(State or country)		Where did injury occur?	(Specify city or t	town, county and St	tate)		
17. IN	FORMANT CLUES SC	rela	ecl	Specify whether Injury occ	curred in INDUSTRY, In HON	AE, or in PUBLIC F	LACE.
18. BL	Plece Muchalis	Date fu	526,1931	Menner of Injury			
19. UI	NDERTAKER Z	cone	u,	24. Wes diseese or Injury I	in eny wey releted to occupe	tion of deceesed?	No
20. FI	LED 7/24 , 1931 Dr	. J. a.	King Registrar.	(Signed)(Address)	J. The	ey h	ny M.D.
	If move bl	anhe are needed		San M. Charles Sanat Balde	Paradona 971 C Na		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Corebral hemorrhage WRITER S.	1921	Run over by street car	1 week ago
Corebral hemorrhage KURLA	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 8. No.

	08467
PLACE OF DEATH	STATE OF MARYLAND
County St. Mary	CERTIFICATE OF DEATH
	Registration Dist. No. 28
Village or City Lemallon (No	St.: Ward) (if death occurred in a hospital or institu
2 FULL NAME Slees & Simp	kin tlon, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Phite SSINGLE, MARRIED. Milones OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH June UM., 1968	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) 1 dayhrs	and that death occurred on the date stated above, at 11 9 m.
63 yrs. 1 mos. ds. or min.	
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) mos de.
9 BIRTHPLACE (State or country) Sommervet led, Wit.	Contributory Secondary (Duration) yrs
10 NAME OF Win Liniphine	(Signed) 1. It she Eynt, M. D. July J. 1921 (Address) Valley Lee, Mr.
of FATHER (State or country) Somesex les Mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tulenom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James Lo. Lemplems	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) et george Island het	It year i dland July 2, 1931
Filed suly In with the Registrar	Mr. le. mallingly Leventon his

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if to report specifically the occupations of persons enen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaenia" (merely symptom-atic) "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; L. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condior intercurrent) affection need chopneumonia (secondary), etc. The contributory valvular heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE-OF DEATH	08468 STATE OF MARYLAND
County & Mary	CERTIFICATE OF DEATH
0 1/0/	Registration Dist. No.
Village or City Dask Hall (No.	St.: Ward) (If death occurred in
2FULL NAME Oliza beth	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married Wildowed OR DIVORCED (Write the word)	18 DATE OF DEATH July , 198 (Year) (Year)
6 DATE OF BIRTH Harel 6 1835	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hel alive on June 29 1929/,
	and that death occurred on the date stated above, at
3 (yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DEATH was as follows: Anderskial sulphistes Brights
B OCCUPATION (a) Trade, profession or particular kind of work	aissass.
(b) General nature of industry business, or establishment in which employed or (employer)	(Daration) yrs. mos. ds.
9 BIRTHPLACE (State or country) A Hogy & Co	Contributory Secondary (Duration) 715 C mos ds.
10 NAME OF John Lawerence	(Signed) Q Q Q M. D.
OF FATHER (State or country) Hange Co. (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TAM and Small	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Masyland	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William Henery Sammer	Former or usual residence
(Address) OSR + OC Ha	Praction of REMOVAL BATE OF BURIAL
Filed July 2 1981 Of See his Registrar	20 UN DERTAKER PASSIE Farboesrelle
If more branks are needed, address State Registrar,	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, laborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measlee; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PWYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PL

PLACE OF DEATH	08459 STATE OF MARYLAND
County // /	CERTIFICATE OF DEATH
Carolle	Registration Dist. No. (If death occurred in
2FULL NAME MANY C. Monual	St.: Ward) a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH My (Month) (Day) (Year)
6 DATE OF BIRTH 3 , 931	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Yesr)	that 1 last saw halive on, 192, and that death occurred on the date stated above, at 2, m
yrs. 3 mos. 2 ds. l day hr	The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work	huannea « centerus
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 7 mos. ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs
10 NAME OF MENERAL MANAGEMENTS	(Signed) A - D - MILLIAM A OPAL M. D - M. D
US 11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME MANY CHIA MASIN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	usual residence
(Address) MANNAA	M. MSGM Jely 9, 1931
Filed My 7 1921 1-11 MMM Registrar	Danies Subut Appress
If more branks are naaded, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18470)
1. PLACE OF DEATH	92-20
County & Marys.	Registration Dist. No. 2
Village or City to Ruloste Hace.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
20 12	
21 TOLE MAINE	Y 'St., Ward.
(a) Residence: No. Colone (Usual place of abode)	7 St., Wate. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (variet the word)	21. DATE OF DEATH J. 193 / (Year)
5a. 11 married, widowed, or directed HUSBAND of (or) WHEE of Trace Warsen:	22. I HEREBY CERTIFY. That I attended deceased from 1971, to July 2 1971
6. DATE OF BIRTH (month, day, and year) June - 1839.	Hast saw hair alive on July 11 , 19.31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date staled above, at 10. P,m.
92 / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ehrmic Sal, Heat derie
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance
" 13. NAME One Parace.	Jagh fort
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
# 15. MAIDEN NAME Doch Town	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME STATE TO THE STATE OF THE ST	Accident, suicide, or homicide?Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SC. S Cowork (Address) Menhamevesle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place St Manys Chofal Date July 2 J 1931	Manner of Injury
19. UNDERTAKER E Laston	24. Was disease or injury in any way related to occupation of deceased?
(Address) Mc Careerorale	If so, specify
20, FILED July 25, 19 31 Leen Dackown	(Signed) Ferry Gulleton M. D.
Registrar.	(Address) the man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		——————————————————————————————————————	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

PLACE OF DEATH County St. Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 FC
Village or City Cately (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME In stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 15th, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH GRAD (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 34 yrs. 4 mos. 26 ds. lf LESS th l dayh	rs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Epilon (Duretion) Light Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) Mod.	(Signed) — M. D. M
OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos de State yrs mos ds.
(Informant) James W. Wilson	Former or usual residence
(Address) Carley 15 Filed 7-16- 1981 N Value Registrat	Celsainlo 7-17- 9 G.M., 1930 20 UNDERTAKER HADDRESS Dynards

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Physicion, whatever, write None business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only and paid Housekeepers who receive a en at home, laborer, Foreman, For many occupations a or At Home, and children, not gainfully emyrs. For persons who have no occupation Farm laborer Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, who are engaged in the duties of the Architect, single word or term on Locomotive engineer, (6) en-

Statement of Cause of Death—Name, first, the DISEA : AN ING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feror (the only definite synonym is "Epidemic cerebross inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Brouchopneumonia, ("Pneumonia,")

stated unless important. Example: Meusles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

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8

MARGIN RESERVED FOR BINDIN

	PLACE OF DEATH County Hard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 282		
	Village of City demandlywon No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	male widowed. (Write the word)	716 DATE OF DEATH (Month) (Day) (Year)		
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last sav h 200 sheet of the last sav h 200 sheet of		
	JH yrs. 10 mos. ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated move, at		
1	(a) Trade, profession or particular kind of work	Audilles by herowams		
1	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory The Contributory		
	9 BIRTHPLACE (State or country) IT Marylos Md	Secondary (Duration) yrs mos ds.		
	10 NAME OF FATHER George Wood	(Signed) (Address)		
	OF FATHER (State or country) of marsh banks	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	(State or Country) of marys too my	At place of deathyrsmosds, In the Stateyrsmosds, Where was disease contracted,		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
	(Informant) Jany Avm (Roog My) (Address) Loon and Money My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Townson Constant Suly 25 19 21		
	Filed 7/24 1923/ Camaling Registrar	Den Comullingly flower dlown		
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Preumonia,")

> carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.